

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(Initials)		75-02-01
O.I.P.E. CLASSIFIER		4/3	5-2-1/21
FORMALITY REVIEW	H.I.	1079	86176109
RESPONSE FORMALITY REVIEW	JA	676	10/05/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/30/01
2	✓	✓	6/30/01
3	✓	✓	6/30/01
4	✓	✓	6/30/01
5	✓	✓	6/30/01
6	✓	✓	6/30/01
7	✓	✓	6/30/01
8	✓	✓	6/30/01
9	✓	✓	6/30/01
10	✓	✓	6/30/01
11	✓	✓	6/30/01
12	✓	✓	6/30/01
13	✓	✓	6/30/01
14	✓	✓	6/30/01
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19	✓	✓	6/30/01
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26	✓	✓	6/30/01
27	✓	✓	6/30/01
28	✓	✓	6/30/01
29	✓	✓	6/30/01
30	✓	✓	6/30/01
31	✓	✓	6/30/01
32	✓	✓	6/30/01
33	✓	✓	6/30/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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2/25/01

BEST AVAILABLE COPY

Claim	Final	Original	Date
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